

# CROHN'S DISEASE



fistula. In all cases, the guiding principle is to perform the least amount of surgery to correct the immediate problem.

## In Summary . . .

Most people with Crohn's disease lead active lives with few restrictions. Although there is no known cure for the disorder, it can be managed with present treatments. For a few patients, the course of the disease can be more difficult and complicated, requiring intensive testing and therapy. Surgery sometimes is required. In all cases, follow-up care is essential to treat the disease and, hopefully, prevent or deal with complications that may arise.

## SPECIAL INSTRUCTIONS:

- Commonly, a high dose is used initially to bring the disorder under control. Then the drug is tapered to low maintenance doses, sometimes even to an alternate day schedule. This medicine is administered by pill or enema.
2. Anti-inflammation drugs—sulfasalazine, olsalazine, and mesalamine and 5-amino salicylate act to reduce the inflammation of Crohn's disease, especially in the chronic phase. They are available in oral and enema forms.
  3. Immune System Suppressors—These medications suppress the body's immune system, which appears to be overly active in perpetuating the disease. The names of two of these commonly used medications are azathioprine and 6 MP (6-mercaptopurine).
  4. Antibiotics—Since there is frequently bacterial infection along with Crohn's disease, a wide assortment of antibiotics are available to treat this problem.

## Are Diet And Emotions Important?

There are no foods known to injure the bowel. However, during an acute phase of the disease, bulky foods, milk and milk products can increase diarrhea and cramping. Generally, the patient is advised to eat a well-balanced diet, with adequate protein and calories. A multiple vitamin and iron supplement may be recommended by the physician.

Stress, anxiety and emotions may aggravate symptoms of the disorder, but are not believed to cause it or make it worse. However, any chronic disease can produce a serious emotional reaction, which can usually be handled through discussion with the physician.

## When Is Surgery Required?

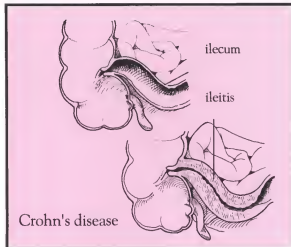
Surgery is commonly needed at some time during the course of Crohn's disease. It may involve the removal of a portion of diseased bowel, or the simple drainage of an abscess or

## Crohn's Disease

Crohn's disease is a chronic, recurrent inflammatory disease of the intestinal tract. The intestinal tract has four major parts: the esophagus, or foodpipe; the stomach, where food is churned and digested; the long, small bowel, where nutrients, calories and vitamins are absorbed; and the rectum and colon, where water is absorbed and stool is stored. The two primary sites for Crohn's disease are the ileum, which is the last portion of the small bowel (ileitis, regional enteritis), and the colon (Crohn's colitis). The condition begins as small, microscopic nests of inflammation which persist and smolder. The lining of the bowel then becomes ulcerated and the bowel wall thickened. Eventually, the bowel may become narrowed.

### What Causes Crohn's Disease?

After many years of intense research, the cause of Crohn's disease still remains unknown. One theory is that the condition is caused by an unidentified, slow-growing microorganism. The body's immune system, which protects it against many different infections, is also thought to be a factor. In spite of the



unknown cause, enormous understanding and knowledge currently exist about the disease and its treatment.

### Who Develops Crohn's Disease?

The condition occurs in both sexes and among all age groups, although it most frequently begins in young people. For unknown reasons, Jewish people are at increased risk for developing Crohn's, while blacks are at decreased risk.

### Symptoms?

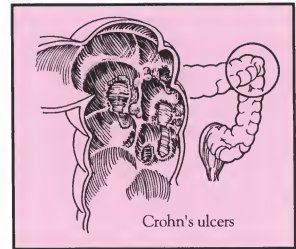
The symptoms of Crohn's disease depend on where in the intestinal tract the disorder first appears. When the ileum (ileitis) is involved, recurrent pain may be experienced in the right lower abdomen. At times, the pain mimics acute appendicitis. When the colon is the site, diarrhea, which is sometimes bloody, may occur, as well as fever and weight loss.

### Diagnosis

There is no one conclusive diagnostic test for Crohn's disease. The physician uses a series of tests to assess the patient's overall condition and then makes a diagnosis. The patient's medical history and physical exam are always helpful. Certain blood and stool tests are performed in arriving at a diagnosis. X-rays of the small intestine and colon (an upper GI series and barium enema) are required. In addition, a visual examination (sigmoidoscopy) of the lining of the rectum and lower bowel is usually necessary. A more extensive exam of the entire colon (colonoscopy) allows photography and small, painless biopsies to be performed.

### What Are The Course And Complications Of The Disease?

The disorder often remains quiet and easily controlled for long periods of time. Most people with Crohn's disease continue to pursue their goals



in life, go to school, marry, have a family and work with few limitations or inconveniences. Some problems, however, can occur. Arthritis, eye and skin problems, and, in rare instances, chronic liver conditions may develop. More frequently, fistulas may form, especially around the anus. Fistulas are passages that drain liquid from the intestinal tract. In addition, when inflammation persists in the ileum or colon, narrowing and partial obstruction may occur. Sometimes surgery is required to treat these problems. Cancer is not a worrisome outcome of Crohn's disease, as it occurs only slightly more frequently than among the general population.

### Treatment

Effective medical and surgical treatment is available for Crohn's disease. It is particularly important for the patient to maintain good nutrition and health, with a balanced diet, adequate exercise and a positive, upbeat attitude.

Three types of medication comprise the mainstay of treatment:

1. Cortisone or Steroids—These powerful drugs provide highly effective results.